

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**

SERIAL NO. **09/553,969**
APPLICANT(S)

FILED DATE

CLAIMS						
ORIGINAL		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT		
IND	DEP	IND	DEP	IND	DEP	
1	/					31
2	/					32
3	/					33
4	/					34
5	/					35
6	/					36
7	/					37
8	/					38
9	/					39
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TOTAL IND. 4		TOTAL DEP. 15		TOTAL CLAIMS 19		TOTAL IND.
						TOTAL DEP.
						TOTAL CLAIMS